

111703 16367 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DOCKET NUMBER	ANTICIPATED CLASSIFICATION OF THIS APPLICATION:		PRIOR APPLICATION	
	CLASS	SUBCLASS	EXAMINER	ART UNIT
11998.21USC2	600	037000	N. VENIAMINOV	3736

**CERTIFICATE UNDER 37 CFR 1.10:**

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Date of Deposit: November 17, 2003

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: *Teresa Anderson*  
Name: Teresa Anderson

17510 U.S. PTO  
10/716020  
11/17/03

CONTINUATION APPLICATION UNDER 37 C.F.R. § 1.53(b)

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is a request for filing a continuation application under 37 CFR § 1.53(b) of Serial No. 10/279,176, filed on October 23, 2002 entitled CARDIAC DISEASE TREATMENT AND DEVICE by the following inventor(s):

Full Name Of Inventor	Family Name ALFERNES	First Given Name CLIFTON	Second Given Name A.
Residence & Citizenship	City REDMOND	State or Foreign Country WASHINGTON	Country of Citizenship USA
Post Office Address	Post Office Address 9010 258TH AVENUE NE	City REDMOND	State & Zip Code/Country WASHINGTON 98053/USA
Full Name Of Inventor	Family Name ROHRBAUGH	First Given Name DONALD	Second Given Name G.
Residence & Citizenship	City MINNETONKA	State or Foreign Country MINNESOTA	Country of Citizenship USA
Post Office Address	Post Office Address 13908 EMERALD RIDGE	City MINNETONKA	State & Zip Code/Country MINNESOTA 55305/USA
Full Name Of Inventor	Family Name SHAPLAND	First Given Name J.	Second Given Name EDWARD
Residence & Citizenship	City VADNAIS HEIGHTS	State or Foreign Country MINNESOTA	Country of Citizenship USA
Post Office Address	Post Office Address 470 VADNAIS LAKE DRIVE	City VADNAIS HEIGHTS	State & Zip Code/Country MINNESOTA 55127/USA
Full Name Of Inventor	Family Name GIRARD	First Given Name MICHAEL	Second Given Name J.
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Full Name Of Inventor	Family Name PALME II	First Given Name DONALD	Second Given Name F.
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Full Name Of Inventor	Family Name COX	First Given Name JAMES	Second Given Name E.
Residence & Citizenship	City CORCORAN	State or Foreign Country MINNESOTA	Country of Citizenship USA
Post Office Address	Post Office Address 6851 COUNTY ROAD 101 NORTH	City CORCORAN	State & Zip Code/Country MINNESOTA 55340/USA

- ☒ Enclosed is a copy of the prior application; including the specification, claims, drawings, a signed oath or declaration, and any amendments referred to in the oath or declaration filed to complete the prior application. (It is noted that no amendments referred to in the oath or declaration filed to complete the prior application introduced new matter therein.) The continuing application is as follows: 31 pages of specification, 12 claims, 1 page of abstract, 21 sheets of formal drawings, and 5 pages of oath or declaration.
   
☒ The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- ☐ Cancel original claims of this application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
- ☒ The filing fee is calculated below:

**CLAIMS AS FILED**

NUMBER FILED	NUMBER EXTRA		RATE	FEE
TOTAL CLAIMS: 18 -20	0	x	\$9.00	0.00
INDEPENDENT CLAIMS 2 -3	0	x	\$43.00	0.00
			BASIC FILING FEE:	\$385.00
			TOTAL FILING FEE:	385.00

- ☒ Small entity status is claimed pursuant to 37 CFR 1.27.

- ☒ Payment of fees:
   
☒ Attached is a check in the amount of 385.00
   
☐ Please charge Deposit Account No. 13-2725.
- ☒ The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which may be required by this paper or credit any overpayment to Account No. 13-2725.

6. ☐ Amend the specification by inserting before the first line the sentence:
7. ☐ A set of formal drawings ( sheets) is enclosed.
8. ☐ Priority of application Serial No. , filed on in , is claimed under 35 U.S.C. 119.
- ☐ The certified copy has been filed in prior application Serial No. , filed .
9. ☒ The prior application is assigned of record to Acorn Cardiovascular, Inc. located at St. Paul, Minnesota.
10. ☒ The Power of Attorney in the prior application is to:

Merchant & Gould P.C.  
Minneapolis, MN 55402-2215


11. ☒ A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)
- ☐ Fee for excess claims is attached.
12. ☐ A petition and fee has been filed to extend the term in the prior application until . A copy of the petition for extension of time in the prior application is attached.
13. ☐ The inventor(s) in this application are less than those named in the prior application and it is requested that the following inventors identified above for the prior application be deleted:
14. ☐ A Nonpublication Request under 37 CFR 1.213(a) is enclosed.
15. ☒ Also Enclosed: Information Disclosure Statement and PTO Form 1449
16. ☒ Address all future communications to the **Attention of Anna M. Nelson** (may only be completed by attorney or agent of record) at the address below.
17. ☒ A return postcard is enclosed.

Respectfully submitted,

MERCHANT & GOULD P.C.  
P.O. Box 2903  
Minneapolis, MN 55402-0903  
612.332.5300



Date: November 17, 2003

  
Anna M. Nelson  
Reg. No. 48,935  
ANelson:PLSpmc